

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 10113City St. Louis, Mo.

(No. ....)

St. ....

Ward) .....

2. FULL NAME Charles Christof(a) Residence, No. 420 South Third Str. St. 15 Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <b>Married</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Amelia Christof</b>
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6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 13th 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<b>43</b>		<b>8</b>	<b>18</b>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Mixer</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Best-Clymer Co. (Preserves &amp; Honey.)</b>
	10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years)  
spent in this  
occupation.....12. BIRTHPLACE (CITY OR TOWN) Wisconsin  
(STATE OR COUNTRY)13. NAME Charles Christof14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)17. INFORMANT Mrs. Amelia Christof  
(ADDRESS) 420 S. Third Str.18. BURIAL, CREMATION, OR REMOVAL Cem. SunsetPLACE Sunset Burial Pk. DATE 7-16-193319. UNDERTAKER Stauch & Schmidt  
(ADDRESS) 3132 S. Grand Blvd.20. FILED COL - 3 1933

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

131  
Excessive Heart  
Chronic Myocarditis  
Chronic Interstitial  
Nephritis  
Other contributory causes of importance: 191

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed).....

(Address).....

M. D.

